

HIV/STD

REPORTING REQUIREMENTS FOR VIRGINIA PROVIDERS

General HIV/STD Reporting Requirements

Part one of a three-part series

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Perinatal HIV/STD Counseling, Testing & Reporting Requirements

Part two of a three-part series

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Partner Services

Part three of a three-part series

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Do you have questions about HIV or other sexually transmitted diseases (STDs)?

Please call or email the Disease Prevention Hotline:

1-800-533-4148 (toll free) or

Email: hiv-stdhotline@vdh.virginia.gov

QUICK REFERENCES FROM THE DIVISION OF DISEASE PREVENTION (DDP)

DDP Website:

<http://www.vdh.state.va.us/Epidemiology/DiseasePrevention>

CDC website:

<http://www.cdc.gov/hiv> or <http://www.cdc.gov/std>

The Virginia Regulations for Disease Reporting and Control describe what diseases must be reported to the health department and the methods to report them.

<http://www.vdh.virginia.gov/epidemiology/Regulations.htm>

Virginia Reportable Disease List

http://www.vdh.virginia.gov/epidemiology/Disease_List.htm

Reports of new or suspected cases should be reported to your **local health department**. Please contact your local health department for reporting forms or access one at:

<http://www.vdh.state.va.us/Epidemiology/documents/pdf/epi1.pdf>

Phone numbers and addresses are available at:

<http://www.vdh.virginia.gov/LHD/LocalHealthDistricts.asp>

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General Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD) Reporting Requirements: Part one of a three-part series

Introduction

This booklet contains basic information on the most common HIV/STD reporting and partner services questions raised by providers. It is designed to serve as a quick and handy reference for HIV/STD reporting, but is not a comprehensive manual on Virginia reporting requirements.

The Virginia Department of Health (VDH) relies on you – medical providers – to identify and report conditions of public health importance and encourages you to consider the impact your patients' health may have on the larger community. In that way, you and VDH partner to control the spread of disease in Virginia. Failure to report may result in an increase in the number of cases of a disease in the population.

Reporting is critical, as the data are used to monitor disease trends, stimulate the implementation and evaluation of disease control measures, target prevention efforts, and allocate health care resources to the areas of greatest need in the state.

For a complete list of the reporting regulations as well as details of specific legislation, VDH publishes "Regulations for Disease Reporting and Control." <http://www.vdh.virginia.gov/epidemiology/Regulations.htm> You may also contact the Virginia Disease Prevention Hotline 1.800.533.4148 for more information.

What are the Benefits of HIV/STD Reporting?

Reporting HIV infection and STDs enables infected individuals to receive treatment earlier and reach their exposed partners more quickly. As a result, partners are informed of their risk factors, seek testing and, if infected, seek care, which helps reduce transmission within communities.

Specifically, HIV reporting also provides data to better characterize populations in which HIV has been newly diagnosed and, thus, target statewide efforts for HIV prevention, care and education.

Contrary to the claim that name-based reporting discourages individuals from seeking HIV testing and care, several studies by the Centers for Disease Control and Prevention (CDC) as well as local health departments have shown that named-based reporting does not hinder individuals from seeking testing. Virginia's confidential testing numbers have remained constant over the years – another indication that reporting HIV cases does not deter people from being tested.

Basic Reporting Requirements

You are required by law to report the following:

- HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome). **HIV and AIDS are separate reportable diseases.**
- Sexually Transmitted Diseases (STDs), including syphilis, gonorrhea, chlamydia, chancroid, granuloma inguinale, lymphogranuloma venereum, hepatitis B, and hepatitis C.
- Congenital Syphilis

How to report

- Confidential testing reports include name, address, age, race/ethnicity, sex and other identifying information.

- Diseases are reported to your **local health department** on the Epi-1 form.

<http://www.vdh.state.va.us/Epidemiology/documents/pdf/epi1.pdf>

Most diseases are required to be reported within three days of diagnosis; however, the form identifies a few diseases that must be reported more rapidly.

- **You must report whenever you provide care to an infected patient** for the first time regardless if that person has been seen by another provider, received care in another state, or tested at an anonymous test site.

The Health Department response to your report

- The health department reviews the morbidity report and determines what further action may be necessary.
- The health department also uses disease reports to monitor the risk of disease in the community and is available to provide statistics on reportable diseases, as well as consultation about disease control procedures.
- VDH provides support to private medical providers by monitoring for adequate treatment and offering partner services.

The medical community can collaborate with VDH most effectively through complete, timely reporting of diseases.

Confidentiality **(Section 32.1-36.1 of the *Code of VA*)**

Confidentiality is the cornerstone of all HIV/STD surveillance, care and prevention programs. State and federal laws are in place to protect patient information, and health department staff adhere to strict confidentiality guidelines and protocols to ensure the integrity and security of all patient data.

Lawful Disclosure

The results of every test to determine infection with HIV may only be released to the following individuals:

- The person being tested or his/her legal representative;
- Any person designated in a release signed by the individual being tested or his/her legal representative;
- Other health professionals caring for the HIV positive person;
- A pediatrician caring for the child of an HIV infected mother;
- Health care facility staff committees which monitor, evaluate or review programs or services;
- Medical or epidemiological researchers for use as statistical data only;
- Anyone allowed access to such information by a court order;
- Any facility which distributes or uses blood, other body fluids, tissues or organs;
- The parent or legal guardian of a minor;
- The legal spouse of the person who is being tested;
- The Virginia Department of Health for its own use or for disease surveillance by health departments outside of the state.

You are not required, however, nor do you have a duty to release the tests results to persons listed in this section even though they may be authorized to receive them.

Unlawful Disclosure **(Section 32.1-38 of the *Code of VA*)**

If it is found that a person has willfully or through gross negligence made an unauthorized disclosure of a patient's HIV status, he/she will be liable for civil penalties.

Immunity (from Prosecution) **(HB814 Section 32.1-38 of the *Code of VA*)**

Medical providers are authorized under the *Code of Virginia* to report their infected patients to the health department. Any person making a report or disclosure that is authorized under the law is immune from civil liability or criminal penalty.

HIPAA **(HIPAA Privacy Rule: 45 CFR 164.512(b)(1)(i) and 45 CFR 164.512(b)(1)(iv))**

Health Insurance Portability and Accountability Act (HIPAA) policies allow medical providers to report and release patient information to the health department.

Providers do *not* need to obtain individual patient consent or authorization to release this information.

Specifically, a provider is allowed to "...disclose public health information to a public health authority that is legally authorized to collect or receive the information for the purposes of preventing or controlling disease, injury, or disability including, but not limited to:

- reporting of disease, injury, and vital events (e.g., birth or death); and
- conducting public health surveillance, investigations, and interventions."

HIPAA guidance and the provisions that allow this public health access is summarized at: <http://www.cdc.gov/mmwr/pdf/other/m2e411.pdf>.

Medical Record Access **(Section 32.1-40 of the *Code of VA*)**

The *Code of VA* authorizes health department staff to review patient medical records. You – the provider – do not need to obtain patient consent to provide this access.

HIV Testing and Counseling Requirements **(Section 32.1 – 37.2 of the *Code of VA*)**

HIV screening (testing) may be routinely offered to patients in all health-care settings.

Before performing an HIV test, Virginia statute requires that a medical care provider inform the patient that the test is planned, provide information, and advise them of their right to decline the test (an “opt-out” screening process). Patients must not be tested without their knowledge.

A specific written consent form for HIV testing is not necessary; general consent for medical care is considered sufficient.

If a patient declines an HIV test, clinicians **must document** that fact in the patient's medical record.

Every person **who has a confirmed positive test result** must be given the opportunity to receive face-to-face disclosure of the test result and appropriate counseling. Appropriate counseling should include the following:

- An explanation of the test results as well as an explanation about the need for additional testing when applicable;
- Possible methods by which the patient contracted HIV and how the patient can prevent further transmission;
- Effects of HIV infection on the patient;
- Availability of appropriate health care, mental health services and social services; and
- The need to notify any person who may have been exposed to the virus.

You do not have to gather the information yourself. Health department professionals will be glad to assist you. See part three in this series, Partner

Services, for more information on the partner notification process.

Virginia Code does not require that the opportunity for face-to-face disclosure of negative test results be provided.

Partner Services (PS) **(Section 32.1-36.1 of the *Code of VA*)**

Partner Services (PS) gives public health workers the opportunity to provide services to partners of infected patients so they can avoid infection and transmission of disease.

PS is performed in accordance with state law, which requires confidentiality of results of all tests for HIV.

Virginia law permits discussion between physicians and health department staff. It is **NOT** a breach of confidentiality to consult with the health department, nor is it a breach to communicate the identities of the patient's partners to health department staff. Collaboration between private and public health providers supports counseling efforts with patients and enhances the likelihood of successful outreach to partners. Client and provider identities will remain anonymous.

For more detailed information on PS requirements, see part three in this series, Partner Services.

Deemed Consent **(Section 32.1-45.1 of the *Code of VA*)**

Whenever a health care provider is directly exposed to body fluids of a patient in a manner which may transmit HIV or hepatitis B or C, the patient whose body fluids were involved in the exposure is "deemed" to have consented to testing for those diseases and no additional informed consent is needed. In addition, the patient is also "deemed" to have consented to the release of test results to the person who was exposed. Other than in an emergency situation, the health care provider must inform patients of these requirements before providing them with health care services which create the risk of exposure.

The same requirements are in effect if a patient is directly exposed to body fluids of a health care provider in a manner which may transmit HIV or hep-

atitis B or C. In such instances, the health care provider shall be "deemed" to have consented to testing for such diseases and to have consented to the release of test results to the exposed patient.

If a test is performed, both the person being tested and the person who has been exposed shall receive counseling and an opportunity for in-person disclosure of any test results.

Additional persons for whom deemed consent pertains include law enforcement officers, school board employees, salaried or volunteer firefighters, paramedics, emergency medical technicians, and "Good Samaritans."

Duty to Protect **(54.1-2403.2. of the *Code of VA*)**

Legislation was enacted in 1994 requiring specific **licensed providers**, including physicians, to notify third parties who were identified by a patient as someone the patient planned to harm.

As a physician, your ***duty to protect*** arises when:

- A client has communicated to you (orally, in writing or through sign language) a threat to cause bodily injury or death;
- The threat is specific and immediate;
- The target of the threat is an identified or readily identifiable person(s);
AND
- You believe that the threatening patient has the intent and the ability to carry out the threat.

In cases where you feel you have a duty to protect, **your responsibilities** are:

- To make a reasonable attempt to warn the potential victim(s);
- To make a reasonable effort to notify a law enforcement official having jurisdiction in either the patient's place of residence or work or the potential victim's place of residence or work; AND
- To take steps reasonably available to prevent the patient from using physical violence or other means of harm to others until the appropriate law-enforcement agency can be summoned and takes custody of the patient.

Liability

In cases where you have a duty to protect, you are immune from liability for:

- Breaching confidentiality with the limited purpose of protecting third parties;
- Failing to take precautions other than those listed above; or
- Failing to predict, in the absence of a threat (as outlined above) that the patient would cause the third party harm.

Isolation of Certain Persons with Communicable Diseases of Public Health Significance

(32.1-48.01 through 32.1-48.04 of the *Code of VA*)

There are some legal penalties for persons who have communicable diseases (including HIV) who place others at risk. However, before action can be taken against someone who may be transmitting HIV, the following must occur:

- The person must be aware of his/her disease or infection status; and
- There must be two verified reports that the person engaged in risky behavior or medical evidence that the person has engaged in risky behavior.
- Once notified, the health department may issue an order for the person to receive counseling on transmission, effects and prevention. In cases where the person ignores health department warnings, the State Attorney General can issue a court order to detain the person for 120 days.

Infected Sexual Battery

(18.2-67.4:1 of the *Code of VA*)

An individual who knows that he or she has HIV, syphilis or hepatitis B and has sexual contact with another person with the **intent** to transmit the infection is guilty of a Class 6 felony.

Anyone knowing he or she has HIV, syphilis or hepatitis B and has sexual contact with another person **without having previously disclosed the existence of their infection is guilty of a Class 1 misdemeanor.**

If you have concerns about a patient, you may contact your local health department.

Minors' Access to Care (54-2969 of the *Code of VA*)

A minor shall be considered an adult for the purpose of consenting to testing or treatment of venereal disease, including HIV.

For information on infants born to HIV-infected mothers, see part two in this series, Perinatal Reporting Requirements.

Additional Venereal Disease (STD) Requirements (Section 32.156 of the *Code of VA*)

Any person who examines or treats a patient with a STD must provide the patient with information about the disease, including at a minimum:

- The nature of the disease;
- Methods of treatment;
- How to prevent disease transmission; and
- The necessity of tests to ensure that treatment has been achieved.

Cases of Public Health Importance (COPHI)

Providers are encouraged to report HIV cases of public health importance (COPHI) on rare or unusual HIV transmission cases.

- COPHI investigations include: HIV transmissions that are attributed to HIV infection in a health care setting; HIV-2 infection; HIV infection attributed to tissue or organ transplantation; suspected transmission due to sexual contact; mother-to-infant transmission due to breast feeding; transfusions after March 1985; or any unusual transmission circumstances.

COPHI investigations are authorized surveillance activities. You may report COPHI cases to the Virginia Core HIV Surveillance Program Coordinator at 804-864-8032.

Perinatal HIV/STD Counseling, Testing & Reporting Requirements

Part two of a three-part series

Introduction

The goal of the Virginia Department of Health in requiring HIV/STD (sexually transmitted disease) Perinatal Reporting is to prevent the transmission of HIV infection or other STDs to newborns. HIV/AIDS was one of the leading causes of death in children under the age of five until 1994 when medical advancements dramatically reduced by two-thirds the mother's likelihood of transmitting HIV to her baby.

Perinatal counseling, testing and surveillance can provide many benefits which are outlined in this brochure.

How do my Patients Benefit?

Counseling and testing benefit pregnant women because:

- They know their HIV status and how to avoid infection if negative.
- They can receive treatment for other STDs.
- If positive, they can make informed decisions about treatment options.
- They can avoid infecting their partner or their unborn child.
- They can make informed decisions about pregnancy options.
- When women are appropriately counseled, studies have shown that most women will agree to be tested for HIV during their pregnancy.

Other points:

- The number of reported cases translates into public funds targeted to the community for treatment, education and prevention activities.
- The sequence of counseling, testing and reporting contributes to scientific understanding of HIV infection and the public health goals of controlling and characterizing the epidemic.

How do the Children Benefit?

Counseling and testing benefit infants because:

- Mothers who know their HIV status can make informed decisions about treatment.
- Providers can make informed decisions about perinatal treatment and care after birth.
- Treating HIV infection during pregnancy and delivery **substantially reduces** the chance that an HIV-exposed infant will become infected.
- Treating STDs can prevent birth defects and stillborn births.

Other points:

- Analysis of aggregate data allows scientists and clinicians to make informed decisions about best treatment practices for children.

HIV/STD Counseling and Testing (12 VAC 5-90-130. Prenatal Testing)

- The *Code of VA* contains specific HIV, hepatitis B and STD testing requirements for physicians providing care to pregnant patients.
- Virginia's regulations specify: "The Centers for Disease Control and Prevention (CDC) recommends a second HIV test for patients who receive health care in jurisdictions with elevated incidence of HIV or AIDS among women aged 15 through 45 years, which includes Virginia. Practitioners should offer a second HIV test during the third trimester to all pregnant patients."

What tests are required, and when?

- All pregnant women are required by law to receive a syphilis and hepatitis B test from their physician.

STD Testing

- Every physician **must** examine and test all pregnant patients for syphilis and hepatitis B within 15 days of the patient's first visit.

- Second tests for both syphilis and hepatitis B must be conducted at the beginning of the third trimester for women who are at higher risk for these diseases.
- If a patient only seeks care during the third trimester, only one test is required. You should also examine and test a pregnant woman for any STD as clinically indicated.

HIV Testing

- Virginia statute (§54.1-2403.01) requires all practitioners in Virginia who treat pregnant women to inform patients that HIV testing is recommended, and advise them that they will receive an HIV test unless declined. This “opt out” policy ensures routine testing unless the patient declines.
- Oral or written information shall be offered, including how to reduce mother to infant transmission.
- If the pregnant patient refuses an HIV test, the refusal must be documented and maintained in the patient's medical record.
- Testing as early as possible in a pregnancy is best because it leads to early treatment if a patient is HIV-infected.
- Testing should be offered throughout pregnancy if high-risk behavior is suspected.
- In general, clinical trials show that putting HIV-infected pregnant women into treatment early during pregnancy most effectively reduces vertical transmission.

Which Patients are Considered at High Risk?

Persons at higher risk for HIV or syphilis include those who have had multiple sexual partners within the previous year, those with any prior history of a STD, and those living in communities and populations in which the prevalence of the disease is high.

Persons at higher risk for hepatitis B virus infection include injecting drug users, those with personal contact with a hepatitis B patient, anyone who has had multiple sexual partners and/or anyone who has had an occupational exposure to blood.

When Should I Counsel?

- Counseling should be done with the offer of a voluntary HIV test.
- Counseling as early as possible in a pregnancy is best.

What reporting requirements do I have if my patient tests positive for HIV or syphilis?

You will need to follow the same procedures that you would for all other HIV positive and STD infected patients. These procedures are outlined in part one of this series, General HIV/STD Reporting Requirements.

Providers should report:

- A pregnant patient diagnosed with HIV or syphilis.
- Children born to pregnant women who are diagnosed with HIV or syphilis.

What Steps are Involved in Reporting Pediatric HIV Cases and Congenital Syphilis cases?

- Providers send the report on a Confidential Morbidity Report Form (Epi-1) to the **local health department**.

(Forms are available by calling 804-864-8037 or at <http://www.vdh.state.va.us/Epidemiology/documents/pdf/epi1.pdf>)

Health department staff may contact providers for additional patient information.

Pediatric HIV

- Report all known or suspected cases of HIV perinatal exposures to the local health department.
- The health department will follow each case for approximately 18 months or until the child's serostatus is known.

For HIV exposed infants <18 months born to HIV positive mothers:

- Report all virological tests for HIV or its components:
 - HIV-RNA or HIV-DNA or HIV p24 antigen
and
 - a confirmatory second virological test obtained from a separate specimen taken more than 4 weeks after the birth.

For HIV exposed children >18 months born to HIV positive mothers:

- Report all HIV antibody testing:
 - rapid or laboratory based EIA with a confirmatory WB
or
 - a HIV-RNA, or HIV-DNA, or a p24 antigen test.

Do I have to Gather all the Information Myself?

You do not have to gather this information yourself. Health department professionals will be glad to assist you in reporting your pediatric cases. For assistance, please call 804-864-8037 and ask for either the HIV or STD Surveillance Coordinator.

Partner Services

Part three of three-part series

Introduction

Partner Services (PS) gives public health workers a means of reaching people who are truly at risk for HIV/STD – sex and/or needle-sharing partners of an individual who has tested positive. In years past, this activity was referred to as Partner Notification (PN). Today, the term Partner Services more accurately reflects the range of services available to HIV/STD-infected persons, their partners and the community. Once notified of his or her exposure to HIV/STDs, the partner is then offered counseling, testing and other services. The ultimate goal of PS is to interrupt the transmission of HIV/STDs by providing services to partners so they can avoid infection and prevent transmitting diseases.

PS is performed in accordance with the State Board of Health, Regulations for Disease Reporting and Control, section 32.1- 36.1. Virginia law permits discussion between physicians and the local health department regarding PS activities.

There are essential principles of PS that must be taken into consideration before conducting PS activities:

1. PS is voluntary and non-coercive; these services are free of charge for infected persons and their partners.
2. Confidentiality of the infected patient and their partners is essential; when notifying partners of exposure, the identity of the index patient must never be revealed, and no information about partners should be conveyed back to the index patient.
3. Client-centered communication is the most effective means of counseling a patient.
4. PS is ongoing, and should be part of an array of comprehensive and integrative services for persons with HIV or other STDs.

Why is PS Important?

- Partner Services, when conducted by a trained counselor, provides partners with crucial health information, counseling and referral services.

- The development of effective therapies, i.e. highly active antiretroviral therapy (HAART), that can delay the progression of diseases has made it more crucial to reach individuals as early as possible.
- A current or past female partner may be pregnant or contemplating pregnancy. If infected with HIV and/or an STD, she will need appropriate information to make choices regarding testing and possible treatment to help prevent transmission of the disease to her baby.

How is PS Conducted?

PS can be conducted by using one or a combination of the following options:

- **Provider Referral**-the PS provider refers the partner for counseling, testing, and other services (confidentiality is never compromised; no patient information is ever shared with the partners).
- **Client Referral**-the patient, after coaching from the PS provider, refers his or her own partners (confidentiality of patient cannot be maintained).
- **Contract Referral**-the patient makes the initial attempt to refer partners; if unsuccessful, the PS provider conducts referral (provider must still protect confidentiality of the patient and their partners).

Studies indicate that PS, when conducted by a trained health care provider, is more effective than if the patient referred their own partners for counseling and testing, especially when there are numerous partners to be notified (West & Stark, 1997).

Is PS Effective?

PS may be more cost-effective than other strategies at locating partners who are at risk of HIV/STDs. Many people at risk of acquiring HIV/STDs are unaware of, misunderstand, discount, or deny their risk of infection. Sex and/or needle-sharing partners of HIV-infected patients have high rates of seropositivity, ranging from 5% to 56% (Centers for Disease Control & Prevention). Once notified that they have been exposed to HIV and appropriately counseled, most will seek HIV testing and many will demonstrate significant risk reduction behavior changes.

What are my Responsibilities?

At the time of HIV testing:

During test counseling, inform the patient who is being tested for HIV that there will be a need to notify past and present sex and/or needle-sharing partners if his/her test results are positive. Inform the patient that the health care provider or the local health department can perform confidential PS.

During Post-Test Counseling of a Positive Patient

- Provide disclosure assistance to patients who are notifying partners, including spouses, and verify that those partners have been notified, and/or
- Refer individuals to the local health department for assistance in notifying partners, and/or
- Refer partners notified by the patient for counseling and testing.

How do I Verify that Partner Referral has Taken Place?

This can be achieved by one or more of the following means:

- The provider notifies the partner;
- A health department professional notifies the partner;
- The partner of your patient tells you that they have been notified; or
- Your patient tells you that their partners have been notified.

How will Local Health Department Assistance Benefit my Patients?

There are many patients who prefer to have a health department professional notify their sex and/or needle-sharing partners. Patients are often overwhelmed by mental, physical and emotional concerns. They may have little or no resources available to notify partners. Many patients do not want to disclose that they are infected with HIV or an STD. In addition, some patients fear their partners' possible reaction to being informed of being exposed to HIV/STDs - anger, rejection, withdrawal, and possible violence. The local health department can also offer language interpretation assistance, including sign language.

If I want to Assist My Patient with PS, What are the Steps?

Discuss with your patient all possible partners that could be at risk of HIV/STD infection. For STD-infected patients, focus on partners who have had sex and/or shared needles with the patient during the time the patient could have been infectious. This point of reference is referred to as the “interview period”. For HIV, it is usually one year from the positive test date, but may be extended for a longer period of time if reliable exposure and locating information is available. If you have questions determining the appropriate interview period, call your local health department for assistance. Confirm which partners your patient will notify and which partners your patient would like assistance in notifying.

For partners your patient plans to notify:

- Discuss when, where, and how they will notify them.
- Discuss the patient's expectations and possible reactions of the partners.
- Provide coaching (possible ways of informing the partners of their HIV/STD positive status and the partner's exposure and risk of being infected).
- Establish a system to confirm that the patient has informed their partners of the exposure.
- Inform them that confidentiality of the patient's HIV/STD status cannot be protected when the patient perform their own PS.

For the partners that your patient wants the health department to notify, gathering as much of the following locating information as possible will facilitate locating those partners:

- Partner name, age (date of birth if known), sex and race/ethnicity.
- Description: height, weight, complexion, eye and hair color, hair style, facial hair, tattoos, glasses, and any other distinguishing features. (This information is used to protect the confidentiality of the partner through positive identification).
- Address and home telephone numbers.
- Name of any adult living with this partner and their relationship with that partner, i.e. roommate, sibling, etc.

- Workplace and telephone number.
- Places where this partner spends time or "hangs out" (bars, street corners, pool hall, if partner is incarcerated, etc.).
- Names and phone numbers of relatives or friends who might be helpful in locating this partner.
- The type of exposure with the partner (sex and /or needle-sharing) and possible time period when the exposure took place.
- Many patients will not have all of this information. In some cases, partners can be found with less information. However, the more information gathered, the greater the possibility of finding the partner.

Please contact your local health department with all pertinent locating information.

You do not have to gather the information yourself. Health department professionals will be glad to assist you in your PS activities. Disclosure assistance brochures are available free of charge to provide to your patients.

Summary of PS

PS activities are performed in accordance with the State Board of Health, Regulations for Disease Reporting and Control, section 32.1-36.1, which requires confidentiality of results of all tests for Human Immunodeficiency Virus (HIV). It is not a breach of confidentiality to consult with the health department, nor is it a breach to communicate the identities of the patient's partners to your local health department. Anonymity of the patient and the provider will be protected. (Contact tracing for HIV, syphilis, tuberculosis and other diseases deemed necessary is authorized under 12 VAC 5-90-80 of the Regulations for Disease Reporting and Control section 32.1-38.)

For more information or assistance with PS, call your local health department.

For more information on additional resources for persons with HIV/STDs or to obtain a copy of *"Regulations for Disease Reporting and Control"* call the Virginia Disease Prevention Hotline 1-800-533-4148.

You may also call the hotline for general information on reporting requirements.

